



11-08-04

3628

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 09/397,309 Confirmation No.: 8591  
Applicant : James L. Bauer et al  
Filing Date : September 16, 1999  
Title : SYSTEM AND METHOD OF OPERATING A DEBIT CARD  
REWARD PROGRAM  
Group Art Unit : 3628  
Examiner : Clement B. Graham  
Docket No. : 2854-72  
Customer No. : 30120

**RECEIVED**

NOV 12 2004

**GROUP 3600**

Mail Stop: Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**AMENDMENT TRANSMITTAL**

Transmitted herewith is an amendment in the above-identified application in connection with the Office Action dated May 6, 2004.

Applicant hereby petitions for an extension of time under 37 CFR § 1.136 [fees: 37 CFR § 1.17(a)(1)-(5)] for the total number of months checked below:

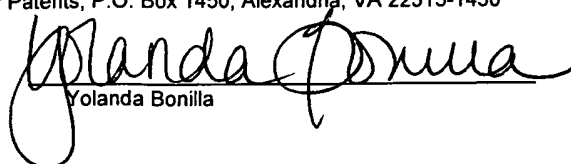
EXTENSION (months)	FEE FOR SMALL ENTITY	FEE FOR OTHER THAN SMALL ENTITY
<input type="checkbox"/> one month	\$55.00	\$110.00
<input type="checkbox"/> two months	\$210.00	\$420.00
<input checked="" type="checkbox"/> three months	\$475.00	\$980.00
<input type="checkbox"/> four months	\$740.00	\$1,480.00
<input type="checkbox"/> five months	\$1,005.00	\$2,010.00
<b>Fee</b>		<b>\$980.00</b>

**CERTIFICATE OF MAILING**  
37 CFR §1.8

I hereby certify, pursuant to 37 CFR §1.8, that I have reasonable basis to expect that that this paper or fee (along with any referred to as being attached or enclosed) would be mailed or transmitted on or before the date indicated with the United States Postal Service with sufficient postage as Express mail with express Mail No EV 302 662 504 on the date shown below in an envelope addressed to the Mail Stop: Amendment Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Dated: November 5, 2004

DOCSNY1:1081365.1

  
Yolanda Bonilla

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☒ If an additional extension of time is required, please consider this a petition therefor.

Fee Calculation: TOTAL AMOUNT OF PAYMENT: \$ 980.00

- A. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to Deposit Account No. 15-0665.  
☒ Charge any additional fee required under 37 CFR 1.16 and 1.17 to Deposit Account No. 15-0665.  
B. ☐ Payment Enclosed  
☐ Check ☐ Credit Card ☐ Money Order ☐ Other

Total Claims	-	20	=	x	\$18.00	\$0.00
Independent Claims	-	3	=	x	\$86.00	\$0.00
Multiple Dependent Claims	\$290.00	(if applicable)	<input type="checkbox"/>			\$0.00
<b>TOTAL OF ABOVE CALCULATIONS</b>						\$0.00
Reduction by 1/2 for Filing by Small Entity. Note 37 CFR §§ 1.9, 1.27, 1.28.						<input type="checkbox"/> \$0.00
Extension of Time (from above)						\$980.00
Assignment -- \$40 (if applicable)						<input type="checkbox"/> \$0.00
<b>TOTAL FEES SUBMITTED HERewith</b>						\$980.00

Respectfully submitted,

Dated: November 5, 2004

By: 

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